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suant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **EE TRANSMITTAL**

for FY 2005

Applicant	claims	small	entity	status.	See	37	CFR	1.27

TOTAL AMOUNT OF PAYMENT (\$) 910.00

	on Number 10/030,788				
Application Number	10/030,788				
Filing Date	January 11, 2002				
First Named Inventor	Charles William Worrell				
Examiner Name	Trisha U. Vu				
Art Unit	2112				
Attorney Docket No.	RCA 89,608				

METHOD OF PAYMENT	(check all that a	oply)					
	redit card	☐ Money Or	der	☐ None	Other (ple	ease identify):	
Deposit Accou	nt: Deposit Acc	count Number 07-0	832	Deposit Accoun	t Name:	THOMSON LICENS	ING INC
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FEE CALCULATION				* •	•		
1. BASIC FILING, SI	ARCH, AND	EXAMINATION	FEES				
,	FÍLING I	FEES		ARCH FEES	EXAMINA	ATION FEES	
		Small Entity		Small Entity		Small E	ntity
Application Type	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	Fee (\$)	<u>Fee (\$)</u>	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM F	EES					Small I	Entity
Fee Description					<u>Fe</u>	<u>e (\$)</u>	<u>Fee (\$)</u>
Each claim over 20 (incl	uding Reissues)			50		25
Each independent claim	over 3 (includir	ng Reissues)			200)	100
Multiple dependent clain					360		180
Total Claims		tra Claims	Fee (\$)	Fee Paid (\$)		Iltiple Depend	
- 20 HP = highest number of	or HP =	x d for if greater tha	n 20	. =	<u>Fe</u>	<u>e (\$)</u>	Fee Paid (\$)
· · · · · · · · · · · · · · · · · · ·	iota, otamio pai	a tor, ii groutor tira	20.				
Independent Claims	<u>Ex</u>	tra Claims	Fee (\$)	Fee Paid (\$)			
	or HP =	×		=			
HP = highest number of	independent cla	aims paid for, if gre	ater than 3.				•
3. APPLICATION SIZ	ZE FEE						
If the specification an	d drawings ex	ceed 100 sheet	s of paper (e:	xcluding electronically	v filed sequence	or computer	
listings under 37 CFF sheets or fraction the					ntity) for each ac	lditional 50	
Total Sheets	Extra Sh	eets <u>Nu</u>	mber of eacl	h additional 50 or fra	action thereof	Fee (\$)	Fee Paid (\$)
- 100 =		/ 50 =	(ro	ound up to a whole n	umber) x		
4. OTHER FEE(S)	-N 0400 f	- 6					Fees Paid (\$)
Non-English Specifica	ation, \$130 fe	e (no small entit	y alscount)				
Other (e.g., late filing	surcharge):	One-month exte	nsion + RCE	fee			\$910.00

SUBMITTED BY					
Name (Print/Type)	Paul P. Kiel	Registration No. (Attorney/Agent)	40,677	Telephone	609-734-6812
Signature	FOP	MO		77.75	March 24, 2005

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